

Addressing the Opioid Crisis: An Update

Senate Health & Long Term Care Committee

November 15, 2018

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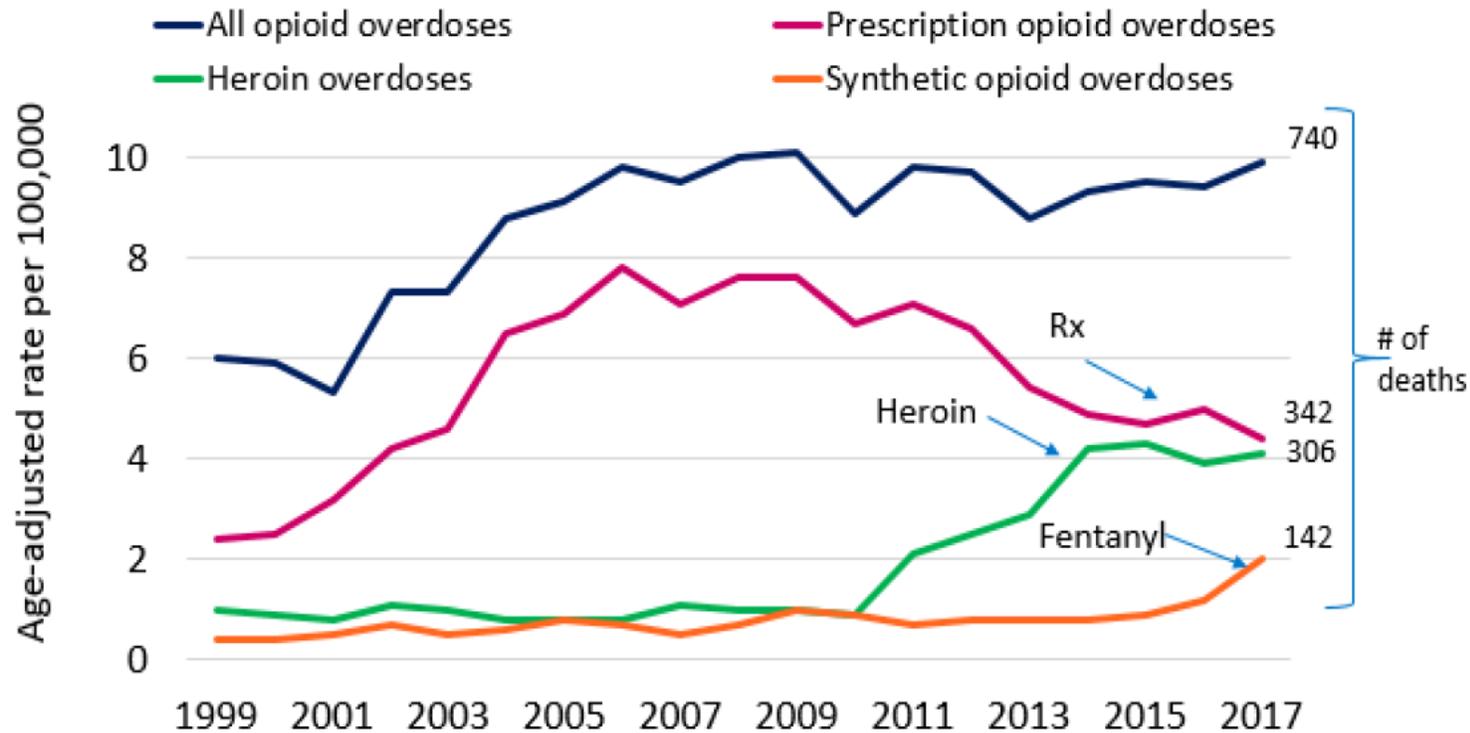
Jason McGill

Governor's Office

Charissa Fotinos

Health Care Authority

Opioid-Related Overdose Deaths 2000–2017*



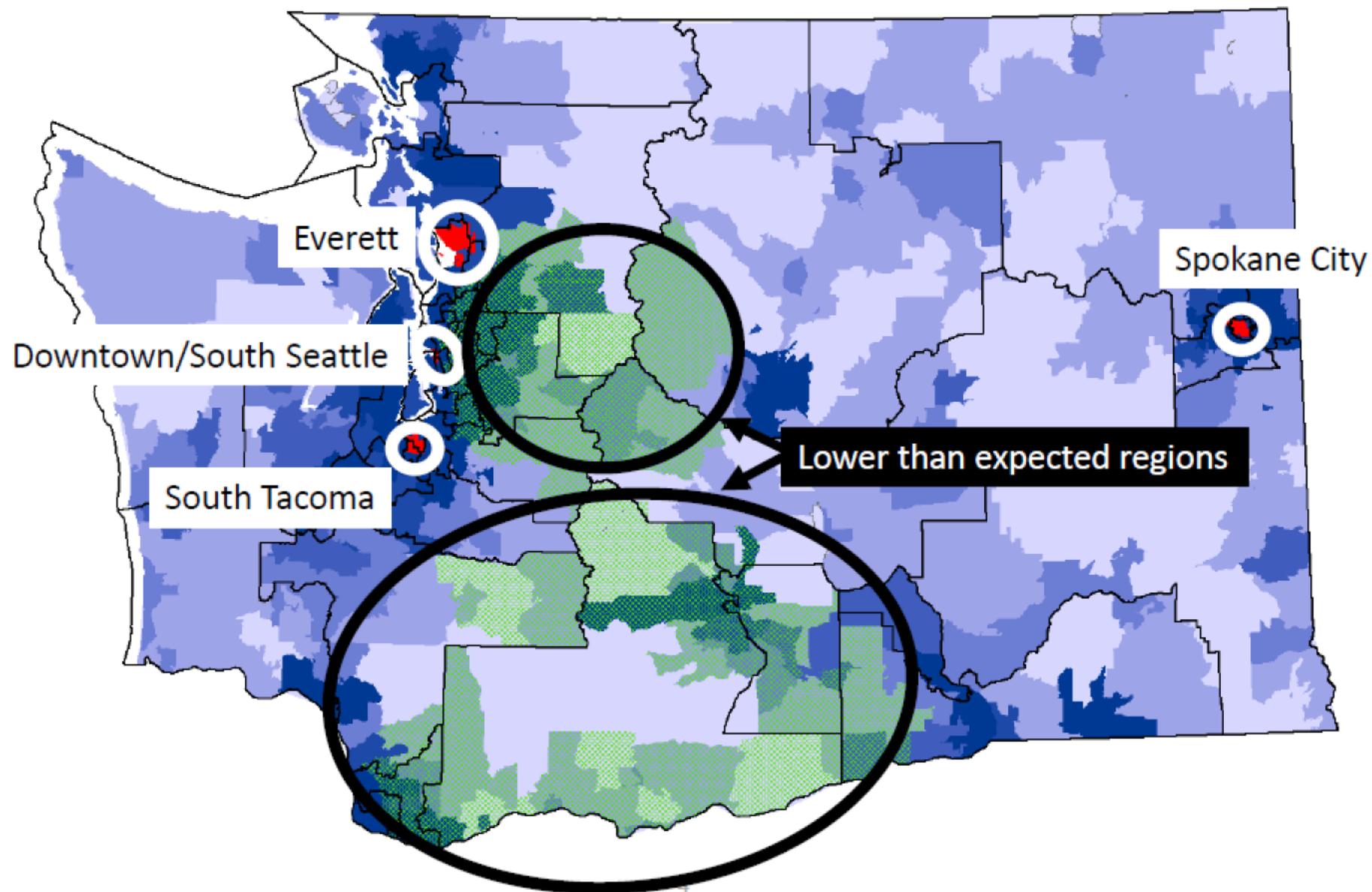
- Earlier this year we saw an overall decline – but now we are experiencing an increase driven by synthetic opioids/ Fentanyl – much of it is probably illicit/ counterfeit.
- Good news: We are experiencing a nearly 50% decline in Rx use.

Source: DOH Death Certificates (Note: prescription opioid overdoses exclude synthetic opioid overdoses)

*Data for 2017 are preliminary as of 8/23/2018.

Opioid-Related Overdose Death Clusters

Source: Washington State Vital Statistics



Executive Order: Strong State Opioid Response Plan – Plan Just Updated

Priority Goals

Goal 1:
Prevent opioid
misuse & abuse



**Prevent misuse in
youth & improve
prescribing
practices**

Goal 2:
Treat opioid
use disorder



**Expand
access to
treatment**

Goal 3:
Reduce
morbidity &
mortality



**Distribute
naloxone to
heroin users**

Goal 4:
Use data to
monitor &
evaluate



**Optimize and
expand data
sources**

Priority Actions

Gaps:

1. Prevention
 - Schools
 - Public Health
2. Treatment
 - Pregnant and parenting women
 - Criminal justice involved
 - Community behavioral health system
3. Recovery supports

Key Action Items Stemming from State Plan

Task	Lead	Partners	Expected Outcome	Status	Due Date
Implement HB 1427 <ul style="list-style-type: none"> Develop prescribing rules Use PMP data to improve prescribing 	DOH / B&Cs	Agency Medical Directors' Groups	New pain rules, Prescribing reports	In Progress	This Fall
Implement State Targeted Response grant (18 projects); new State Opioid Response grant & State funding <ul style="list-style-type: none"> Expand Hub & Spoke Implement public education campaign 	DSHS	HCA UW ADAI DOC DOH	Improved access to treatment and decrease overdose deaths	In Progress; Hub and spokes statewide; public campaign begun	STR grant ends April 2019; SOR grants begins soon
Implement Prescription Drug Overdose grant <ul style="list-style-type: none"> Provide overdose education Purchase/distribute naloxone 	DSHS	UW ADAI DOH	Increased use of naloxone use by first responders and the public	In Progress	Grant ends Sept 2021
Criminal Justice Work Group and develop work plan	DSHS	CJ, DOC, AG, Jails, HIDTA, ADAI, Juvenile Justice	Increased use of evidence-based treatment	Plan completed; working on leg. & DP	Potential policy & 2019-21 Budget
Support Accountable Communities of Health with opioid-related transformation projects	HCA	DSHS DOH	Increase MAT and decrease overdose deaths	In Progress	Plans due Nov 2017
Non-pharmacological treatment for pain (collaborative care; CBT/PT OT; chiropractic; acupuncture; massage etc.)	HCA	Professions, LNI	Literature review and assessment of evidence for recommendation for new services in Medicaid	Review finished; decision package	2019-21 Budget

Years of Good Work in Our State re: Safe Opioid Prescribing and Reducing the Supply

Associations join forces to tackle opioid addiction and overdose in Washington state



Washington State
Hospital Association

Washington
State **Medical**
Association

WSMA

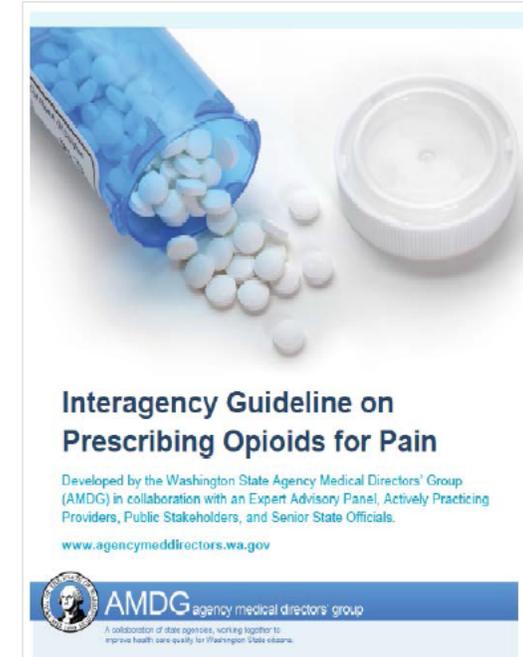
Physician Driven
Patient Focused

- ▶ Opioid prescribing rules
- ▶ ER for emergencies initiative
- ▶ Dental prescribing guidelines
- ▶ Prescribing metrics
- ▶ Provider feedback reports
- ▶ Prescribing limits for Medicaid clients and state employees
- ▶ Raising awareness about non-opioid alternatives
- ▶ Offering tele-pain consulting to providers
- ▶ Launching youth prevention programs
- ▶ Opioid criminal justice and drug/gang task forces
- ▶ Legal action against opioid manufacturer
- ▶ Eliminating pill mills



Dental Guideline on Prescribing
Opioids for Acute Pain Management

September 2017



Washington State
Health Care Authority

News release

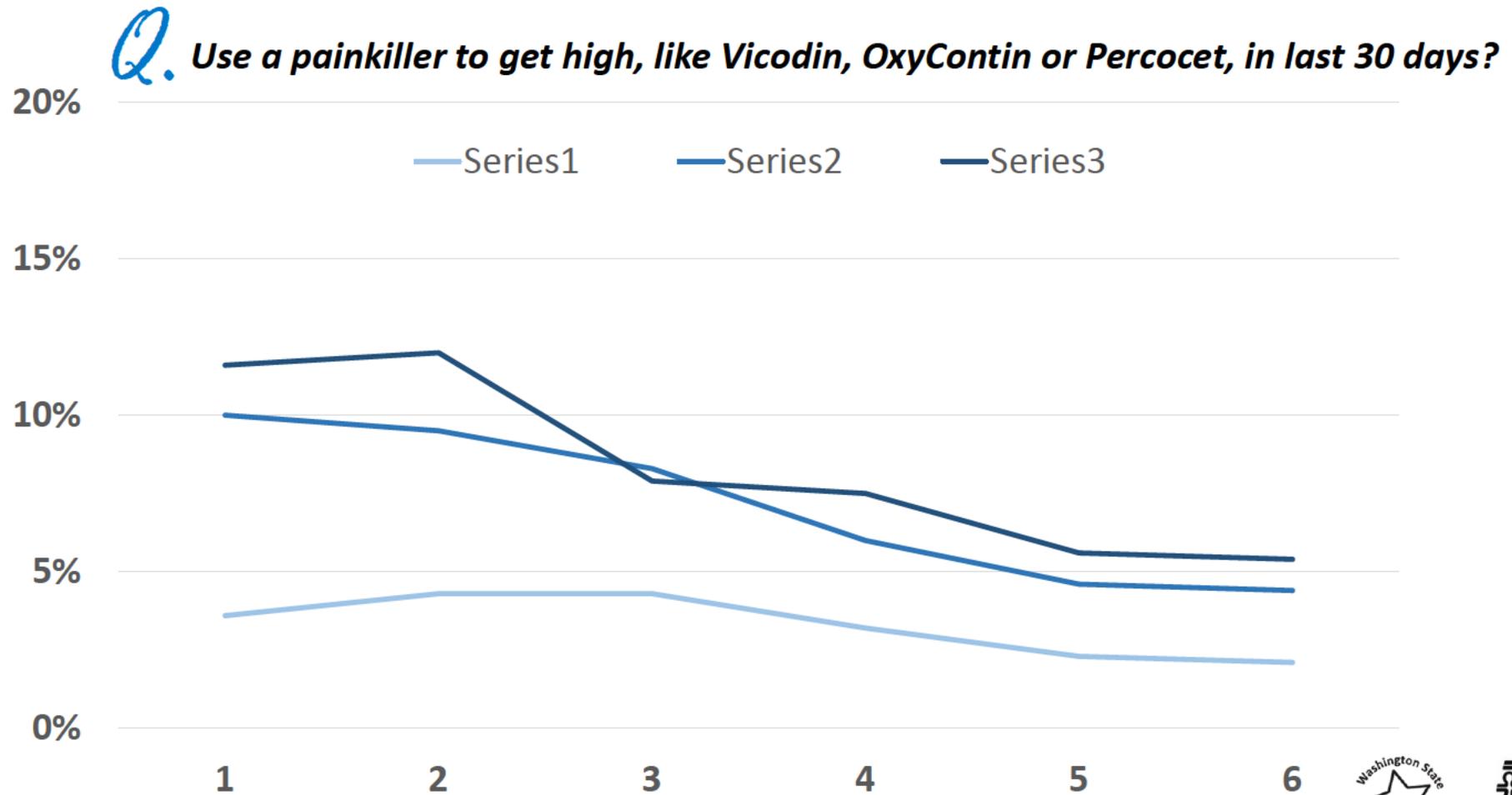
For immediate release

Thursday, December 21, 2017

HCA to implement opioid clinical policy for Uniform Medical Plan on Jan. 2

New policy meant to help prevent opioid misuse and addiction

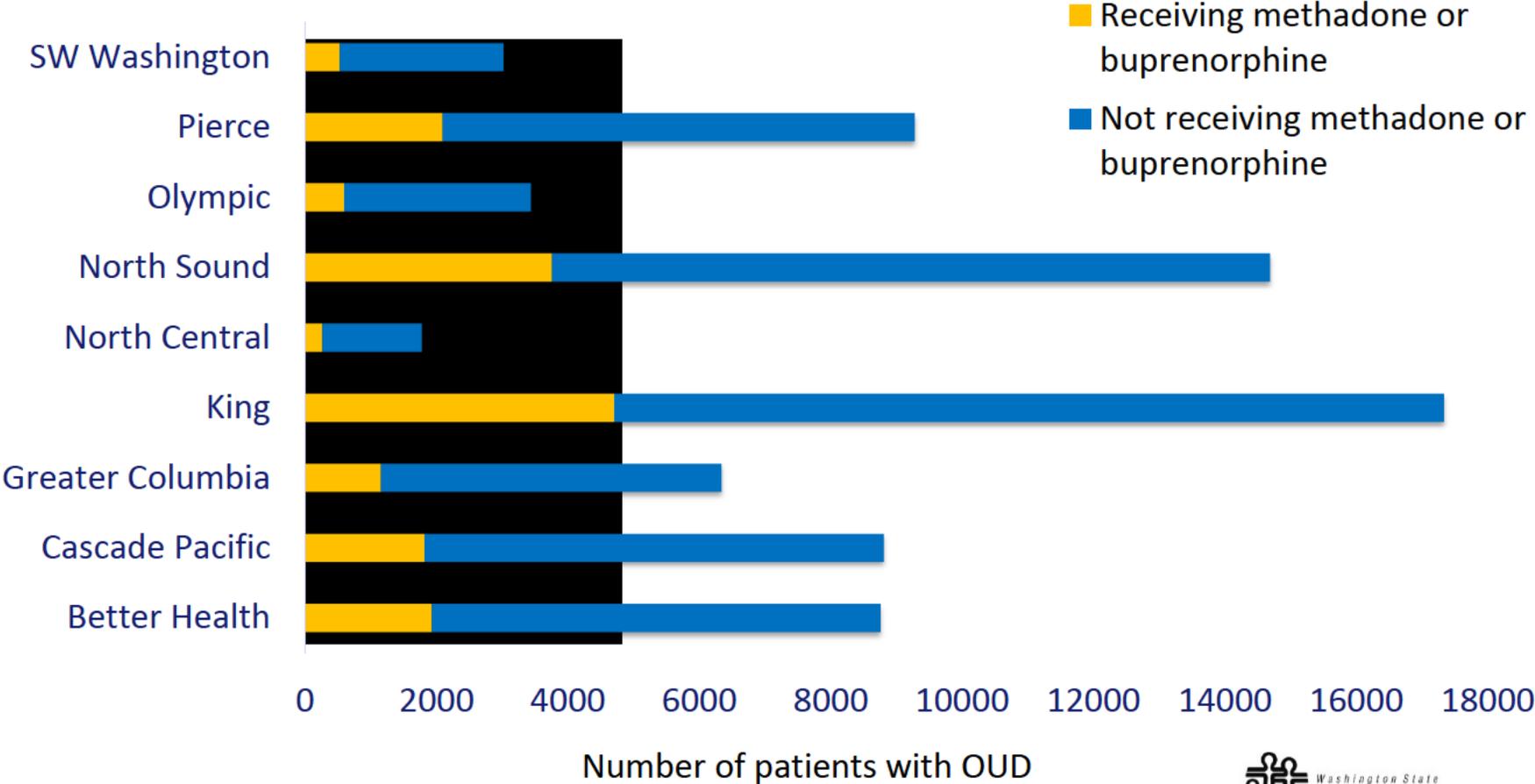
Efforts Working to Reduce Rx: Painkiller Use Down by 8th, 10th, 12th Graders



Source: WA State Healthy Youth Survey provided by BHA-DSE



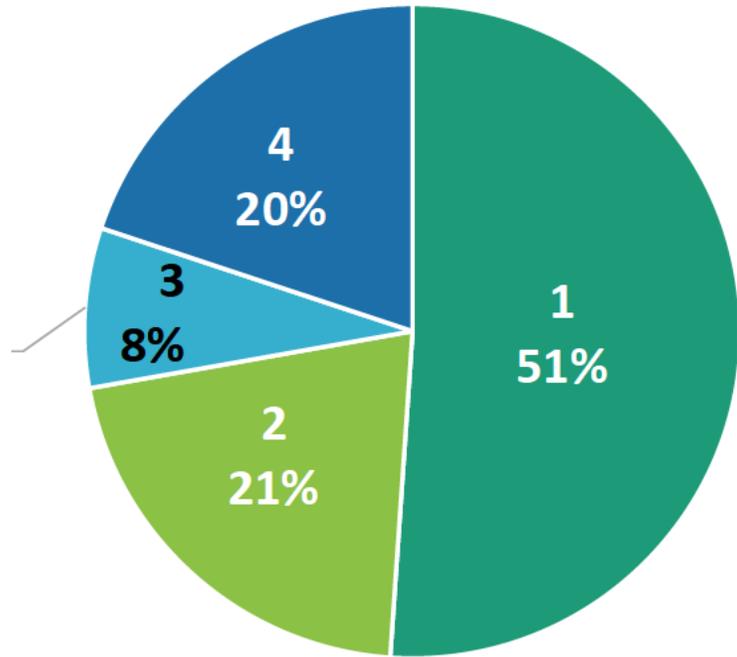
Treatment Coverage for Medicaid Clients With Opioid Use Disorder by Accountable Communities of Health, 2016, Shows Significant Gap



SOURCE: Health Care Authority Provider One

Many People in Washington Are Not Getting Treatment

How interested are you in reducing or stopping your opioid use?



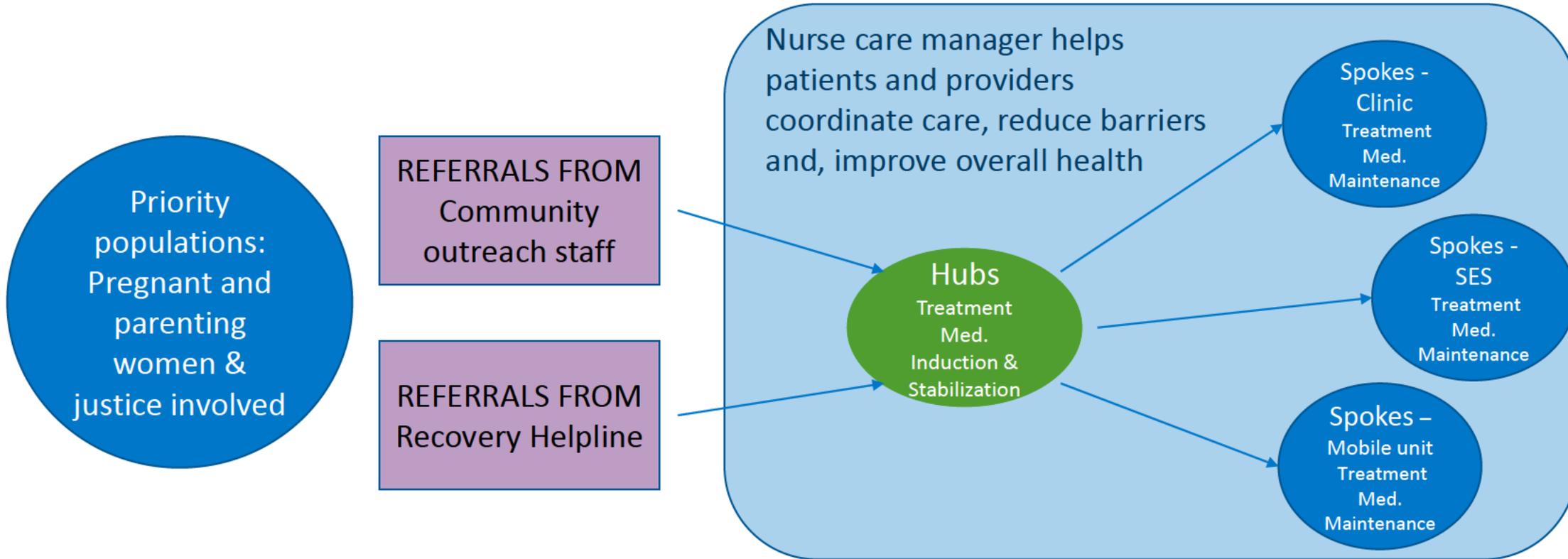
What types of help would you want if they were easy to get?

- ▶ 56% medication treatment
- ▶ 39% detox
- ▶ 34% individual counseling for addiction

Source: UW Alcohol and Drug Abuse Institute, WA State Drug Injector Health Survey, 2017

How Are We Addressing Access to Treatment?

Answer: WA State Hub and Spoke Opioid Treatment Network



Treatment decision making- ongoing

Care navigation- ongoing

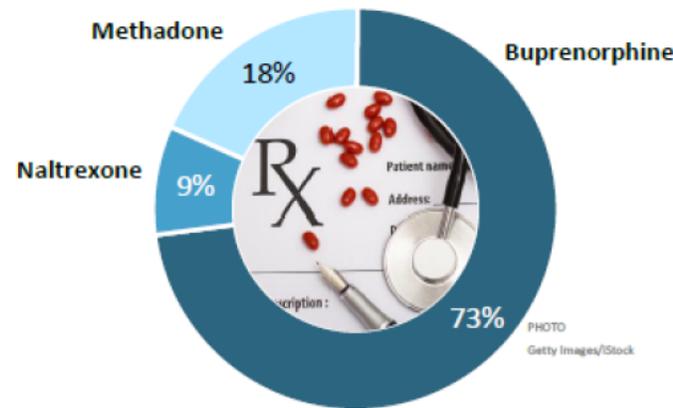
- Federal required metrics show our Hub and Spoke Opioid Treatment Networks are outperforming goals
- Over 3,221 people in treatment
- Proof of concept proven – we must expand statewide
- Full report available

Hub and Spokes
All Sites
 STR Monthly Summary Report

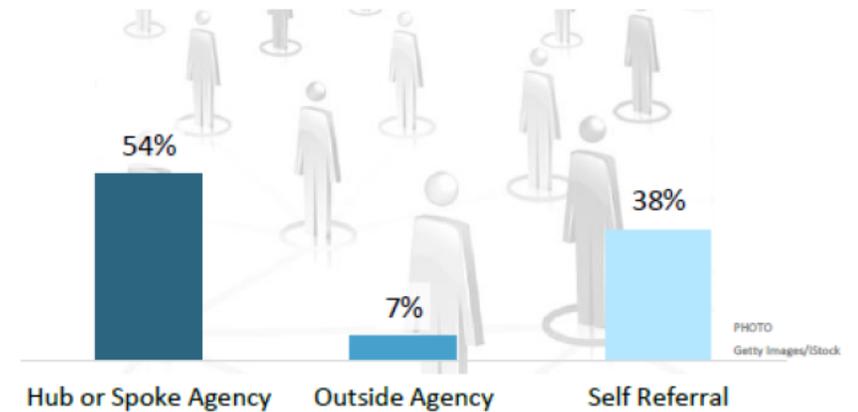
Total Treatment Events **3,461**
 Unduplicated Patients **3,352**



MEDICATIONS



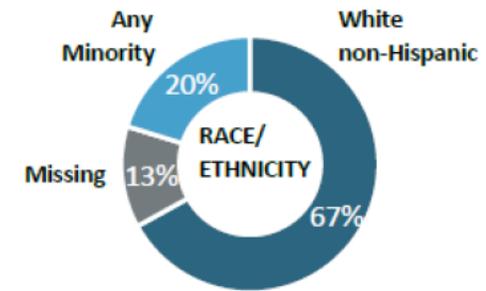
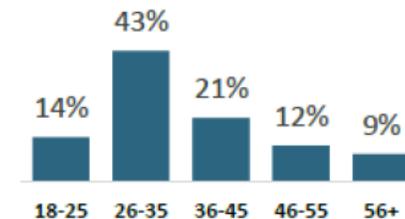
REFERRAL SOURCE



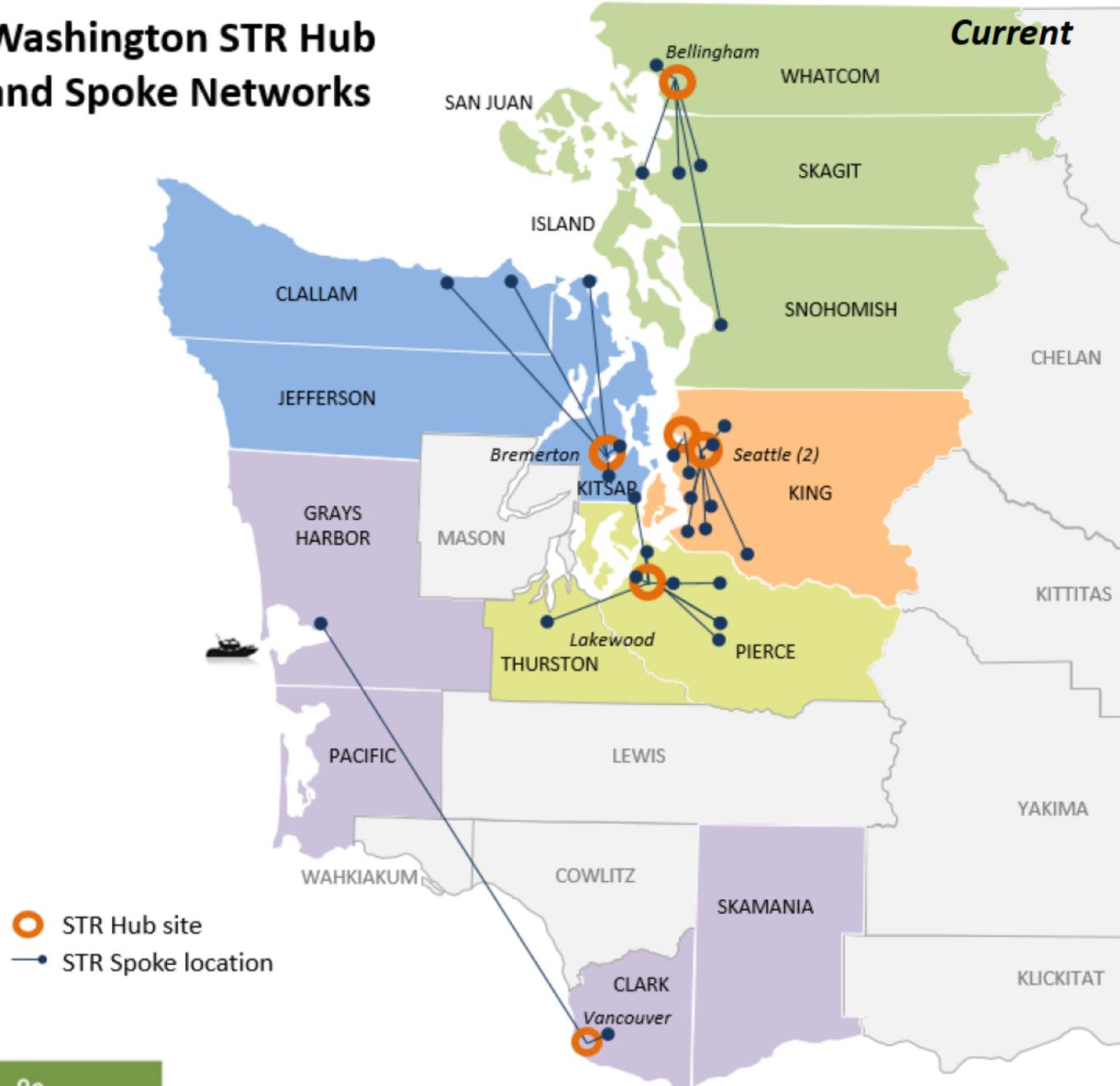
DEMOGRAPHICS



AGE DISTRIBUTION



Washington STR Hub and Spoke Networks



Current

Future expansion

▶ **Legislature expanded Hub and Spoke Opioid Treatment Networks to Cover Entire State**

▶ **Contracts have just been finalized for 5 new Hubs, each with a minimum of 5 spokes**

▶ **New Hubs include:**

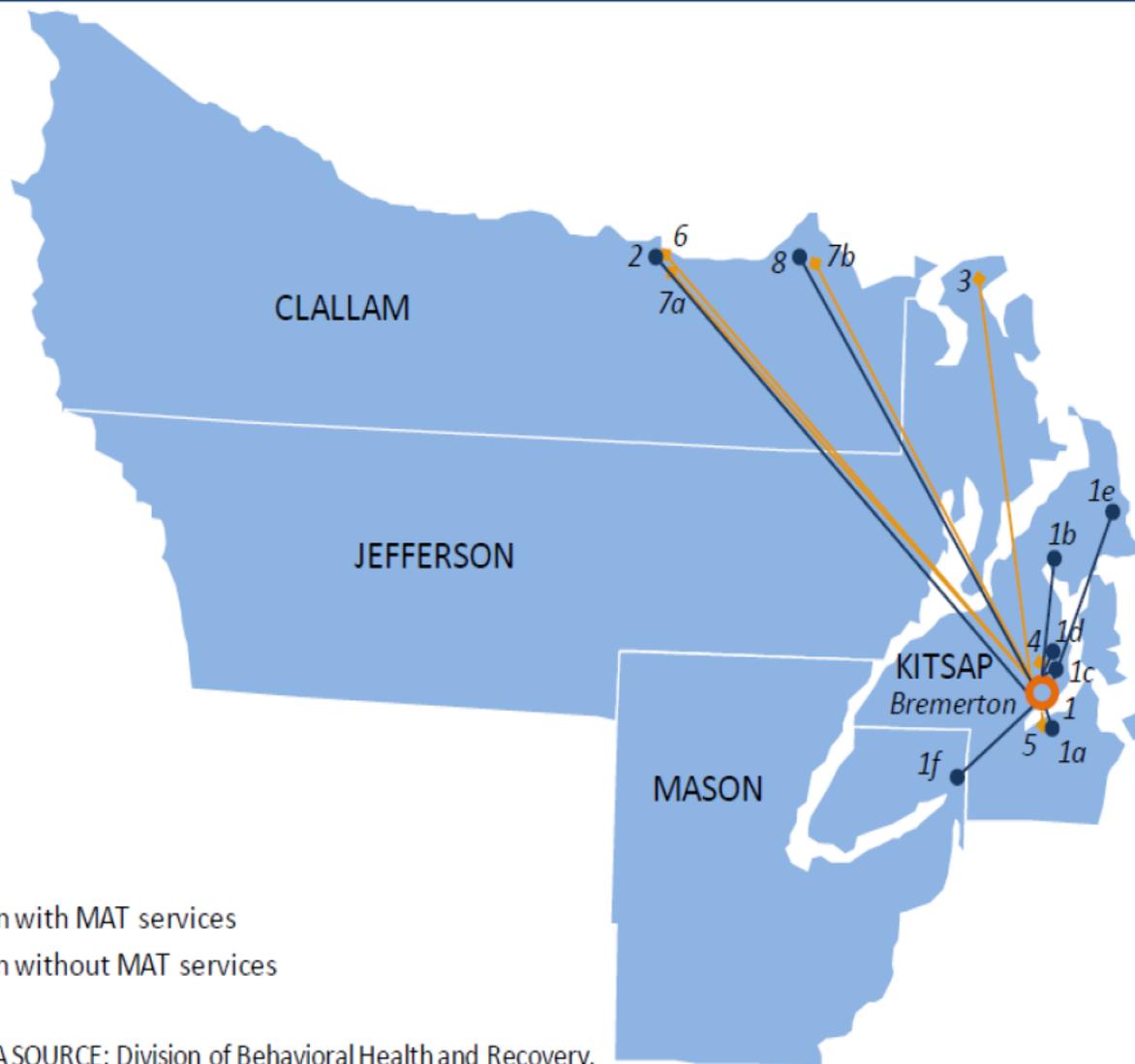
- ▶ **Comprehensive Healthcare – Yakima**
- ▶ **Ideal Option – Everett**
- ▶ **MultiCare Health System – Spokane**
- ▶ **Olympic Peninsula Health Services – Port Hadlock**
- ▶ **Providence NE Washington Medical Group – Colville**

DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spoke locations may represent more than one clinic or agency providing MAT.



Peninsula Community Health Services Network



-  STR Hub site
-  STR Spoke location with MAT services
-  STR Spoke location without MAT services

CLINIC	LOCATION
Peninsula Community Health Services (PCHS) 6 th Street Bremerton Medical Clinic (1)	Bremerton
PCHS Port Orchard Medical Clinic (1a)	Port Orchard
PCHS Poulsbo Medical Clinic (1b)	Poulsbo
PCHS Wheaton Medical Clinic (1c)	Bremerton
PCHS Almira Medical Clinic (1d)	Bremerton
PCHS Kingston Medical Clinic (1e)	Kingston
PCHS Belfair Medical Clinic (1f)	Belfair
North Olympic Healthcare Network (2)	Port Angeles
Discovery Behavioral Health Network (3)	Port Townsend
Kitsap Mental Health (4)	Bremerton
Kitsap Recovery Center (5)	Port Orchard
Clallam County Syringe Exchange (6)	Port Angeles
Peninsula Behavioral Health (PBH) Port Angeles (7a)	Port Angeles
PBH Sequim (7b)	Sequim
Jamestown Family Health (8)	Sequim



DATA SOURCE: Division of Behavioral Health and Recovery.

NOTES: STR Spokes may be behavioral health providers, primary care providers, referral only agencies, or provide other wrap around services.

Hub and Spoke numbers correspond to contact information on next slide.

What Are Medication for Opioid Use Disorders?



Methadone

Delivered by Opioid Treatment Providers (OTPs)



Buprenorphine

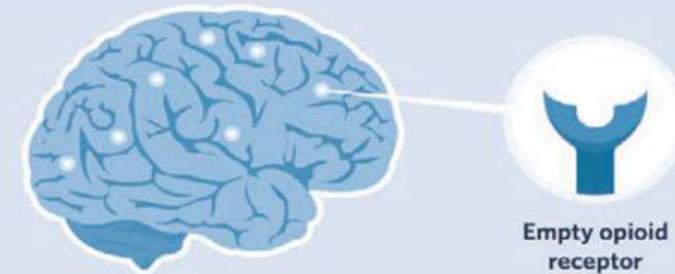
Delivered by providers in office-based practice & OTPs



Naltrexone

Delivered by providers in office-based practice

HOW OPIOID TREATMENT MEDICATIONS WORK IN THE BRAIN



Empty opioid receptor

Methadone



Full agonist:
generates effect

Buprenorphine



Partial agonist:
generates limited effect

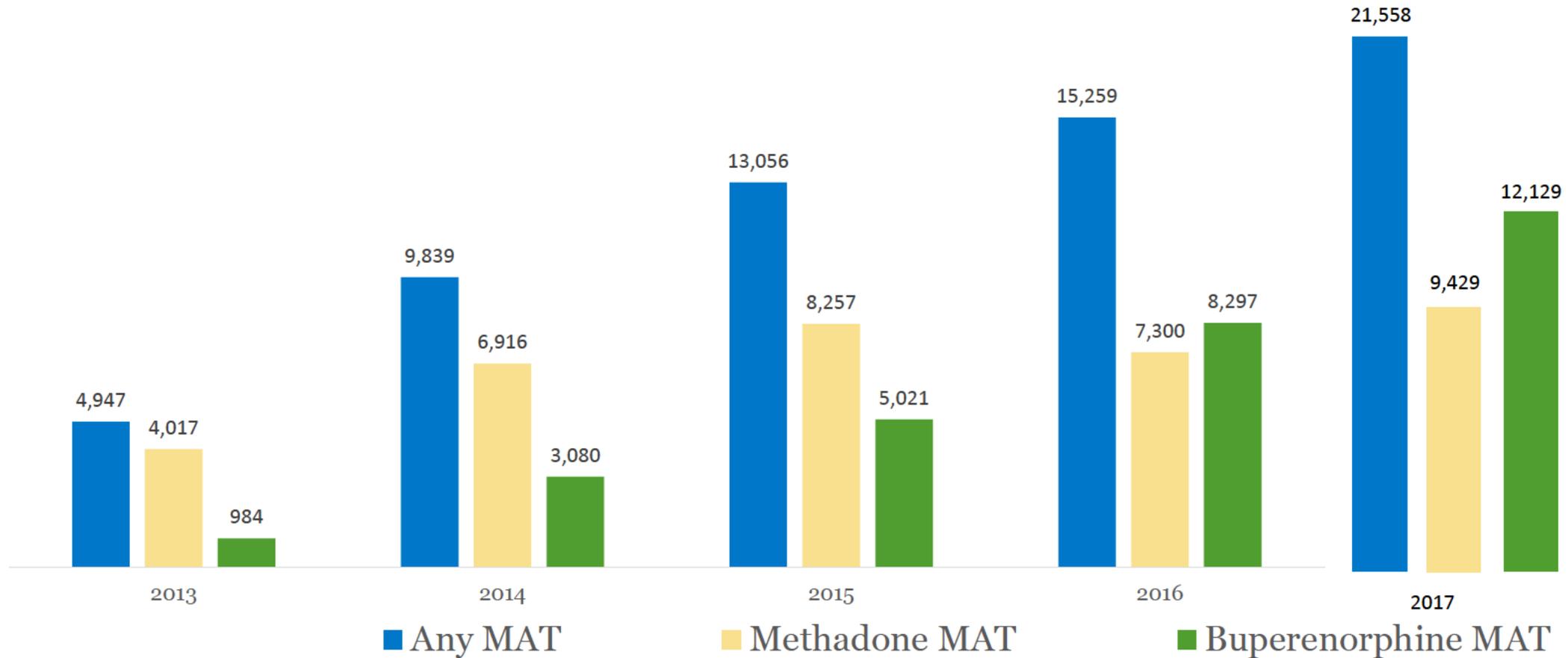
Naltrexone



Antagonist:
blocks effect

©2016 The Pew Charitable Trusts. Source: "Medication-Assisted Treatment Improves Outcomes for Patients with Opioid Use Disorder." Pew Internet & American Life Project, Nov. 2016. Web. 03 July 2017. www.pewtrusts.org/en/research-and-analysis/fact-sheets/2016/11/medication-assisted-treatment-improves-outcomes-for-patients-with-opioid-use-disorder.

Growth in Medication Prescribing for Opioid Use Disorder Among Medicaid Clients



SOURCE: Provider One client Eligibility tables (HCA) & Client Outcomes Database (DSHS RDA).

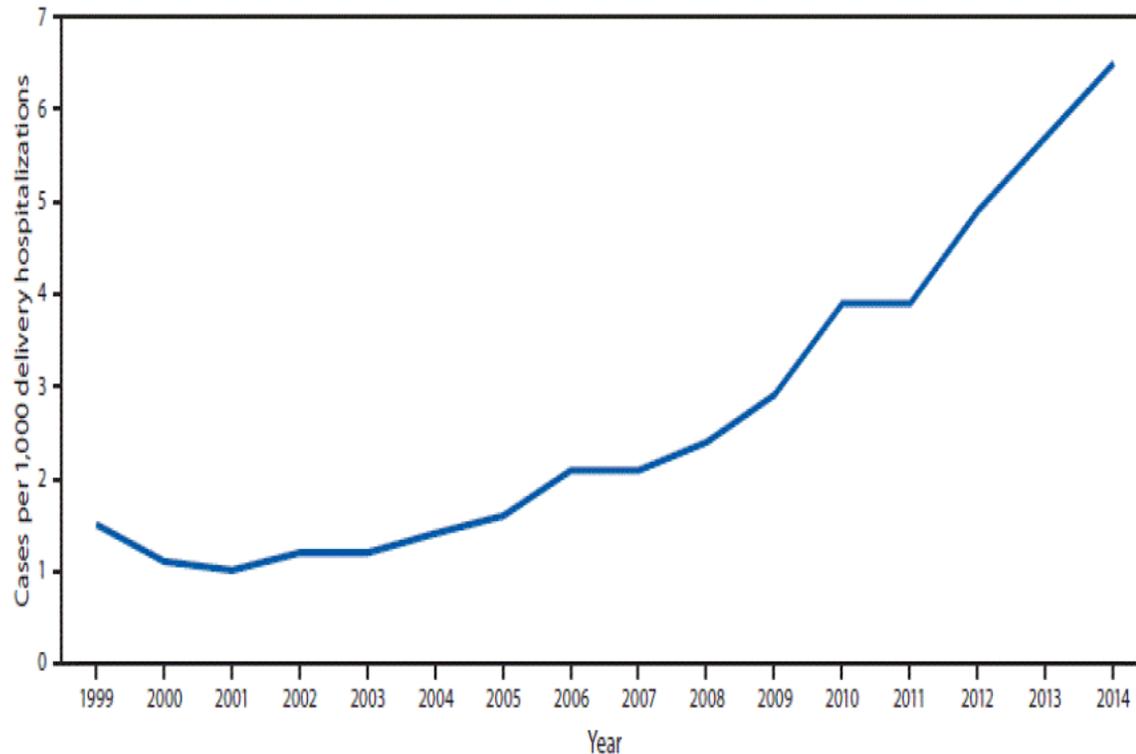
Note: Excludes dual eligibles and persons with third-party liability; includes all Medicaid eligibles in the year with Medication assisted treatment (MAT)

Our current treatment focus areas

- ▶ Braided funding and cross-agency, multisector work has resulted in a four-fold increase in the number of persons accessing medication for opioid use disorder
- ▶ Through this work, treatment gaps have been particularly noticeable in two populations:
 - ▶ Pregnant or parenting persons
 - ▶ Criminal justice system-involved persons

Pregnant and Parenting Persons

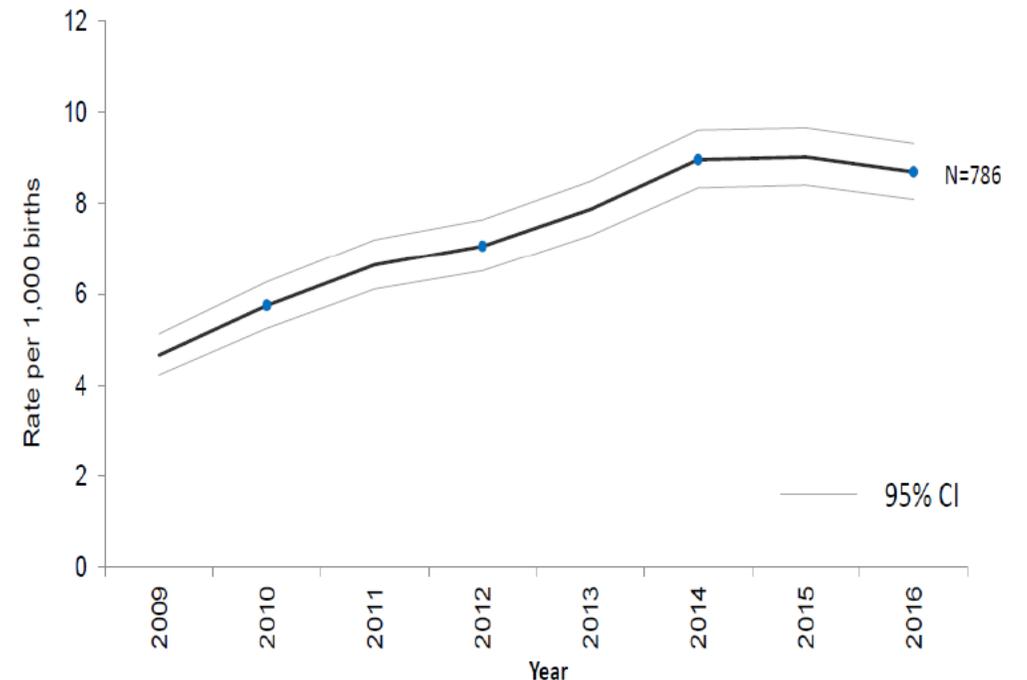
- ▶ Dramatic increase in U.S. rate of opioid use disorder identified at labor and delivery



https://www.cdc.gov/mmwr/volumes/67/wr/mm6731a1.htm?s_cid=mm6731a1_w

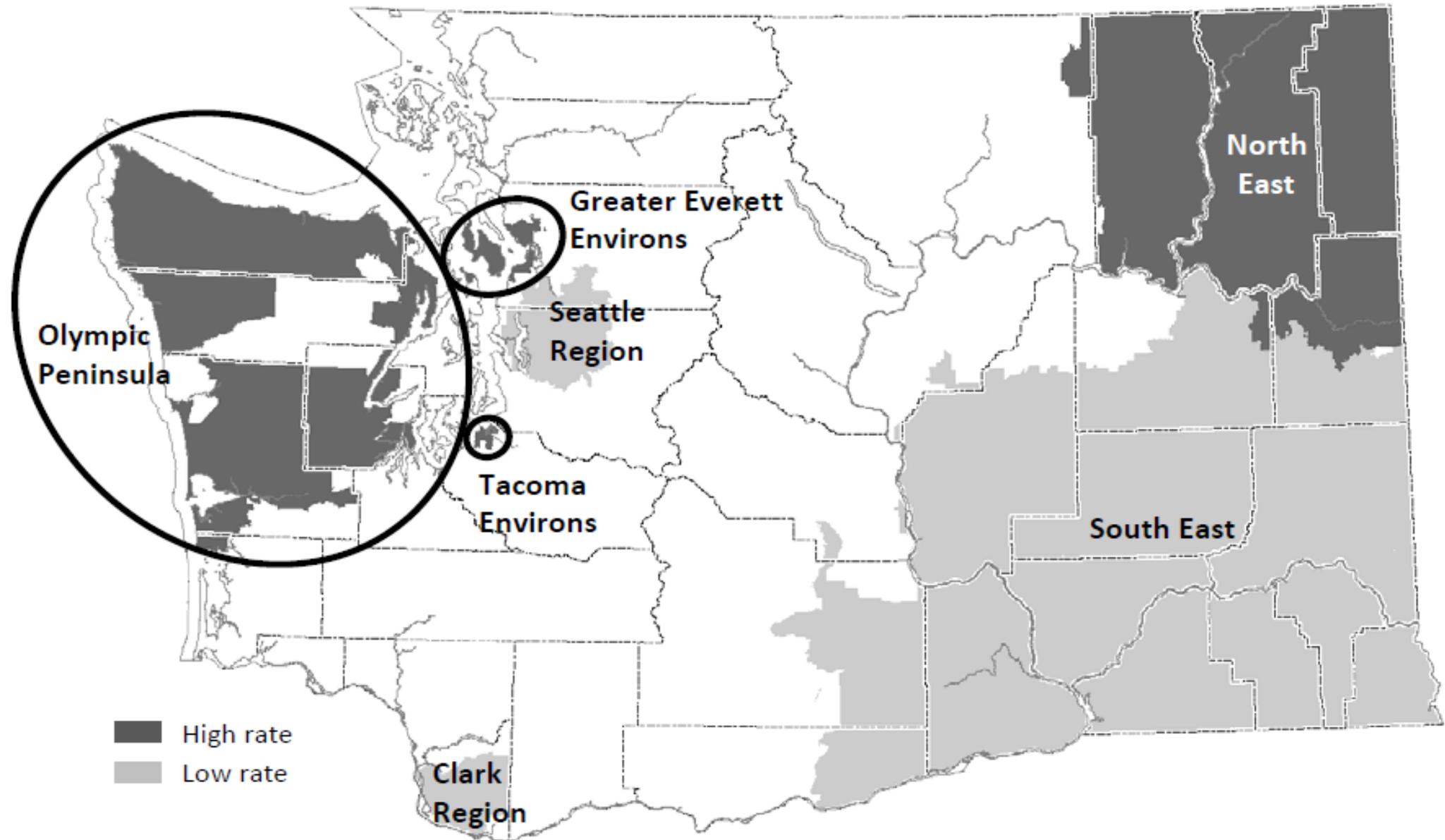
- ▶ Washington State rates of neonatal abstinence syndrome also rising

Statewide NAS average incidence: 7.4 per 1,000 births



Washington State Department of Health | 29

Maternal Stays with an Opiate-Related Diagnosis: High- and Low-Rate Regions
2012–14 Combined
WA and OR Inpatient Discharge Data



Current Programs for Pregnant and Parenting Persons

- ▶ Parent-Child Assistance Program (PCAP)
 - ▶ 3 year home visitation model
 - ▶ Care managers provide linkage, support, transportation, and referral to treatment
 - ▶ **Increased support from Legislature with 2018 budget**
- ▶ Pregnant Parenting Women (PPW)
 - ▶ Residential substance use disorder treatment services
 - ▶ Housing support services
 - ▶ Therapeutic intervention for children
 - ▶ **Working on legislative proposal**

An Extremely Vulnerable Population

▶ Parent-Child Assistance Program

- ▶ During 2014–2017:
 - ▶ 1,234 enrolled and only 165 left (moved, disengaged, requested to leave)
- ▶ 110 women were on waiting list
- ▶ 74% had been beaten by a partner
- ▶ 64% were abused as children
- ▶ 44% had unstable housing
- ▶ 38% were beaten while pregnant
- ▶ 29% had CPS involvement when they were children
- ▶ Average Adverse Childhood Experiences score: 5.4

Source: Washington State Dept. of Health

Improving Outcomes for Pregnant and Parenting Persons

Gaps

Clinical support for providers

Increase access to services across the state

Access to integrated care

Increase wrap around services

Implement best practices through pregnancy, labor, and delivery

Increase family involvement

Access to post-partum contraception

Work to standardize child removal/re-unification practices

Strategies

Pass opioid bill to update language around treatment and to recognize OUD as a medical condition

Consider targeted investments to increase the reach of and support to persons who are pregnant or parenting

Criminal Justice System-Involved Persons

- ▶ Risk of overdose death from opioids highest **1st two weeks** after release, (up to 40x higher)
- ▶ Medication treatment reduces overdose-related death, reduces recidivism, and improves treatment retention
- ▶ Recent survey of 33 of Washington's 65 jails
 - ▶ 14 provide opioid treatment medication for continuation, management of withdrawal symptoms, or induction
 - ▶ Fairly uniform interest across sample in implementing treatment, but limitations exist due to resource constraints

Current DOC and JRA Programs/Initiatives

DOC: Re-entry work release
and violator programs

6 prisons currently

Shared decision
making/warm hand-offs

Naloxone

2,300 screens
1,300 enrolled
7/17-8/18

DOC: Care for Offenders with
OUD Releasing from Prison

Expedited Medicaid
enrollment

Outreach 265
Enrolled 106

Warm hand-offs

Naloxone

JRA: Bridge to Recovery

Evidence-based juvenile
rehabilitation model

Wrap-around and
transition
services/education/jobs

3 sites

57 unduplicated clients

Improving Outcomes for Criminal Justice System-Involved Persons

Gaps

Statewide access to treatment at release

Continuation of treatment in all settings

Access to external health records

Access to induction in all settings

Continue building linkages to community prescribers

Housing/jobs

Accurate information about treatment options/naloxone

Gender appropriate services

Strategies

Advocate for passage of opioid bill to recognize OUD as a medical condition; working on budget proposals for transition services and LEAD programs

Identify and advocate for funds to increase jail's and DOC's ability to treat with opioid treatment medications

Federal Opioid Laws and Budget

- 2016
 - Comprehensive Addiction and Recovery Act (CARA)
 - 21st Century Cures Act (Cures Act)
- 2017
 - Federal budget for FY 18 includes \$2 billion funding boost
- 2018
 - Federal budget for Health and Human Services for FY 19 includes \$136M funding increase with a total of \$4.335 billion for opioid related funding.
 - H.R. 6 – “Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act” (“SUPPORT for Patients and Communities Act”).
- 2019
 - Congress will have to appropriate through annual budget process to fund many of the grants authorized by the 2018 SUPPORT for Patients and Communities Act, so funding would not likely occur until FY 2020.

Summary of 'SUPPORT' for Patients and Community Act

▶ Supports people in treatment and recovery

- ▶ Reauthorizes STAR grants
- ▶ Creates new grant programs for community opioid recovery centers
- ▶ Lifts MAT cap from 100 to 275 and establishes grant program to help providers
- ▶ Makes permanent the prescribing authority for PAs and ARNPs
- ▶ Authorizes nurse specialists, certified nurse midwives, and nurse anesthetists to prescribe MAT
- ▶ Expands grant program for first responders
- ▶ Supports research for non-opioid treatment for chronic pain
- ▶ Expands Medicare coverage to include OTPs for delivering MAT (expands telehealth/ECHO model)

▶ CMS:

- ▶ Determines best practices (e.g. use of recovery coaches)
- ▶ Issues guidance for Medicaid telehealth SUD services reimbursement
- ▶ Creates “plan of safe care” for babies born dependent to opioid drugs
- ▶ Issues grants to support people in recovery with employment and housing

▶ Authorizes IMD exclusion for SUD

▶ Directs HHS to study behavioral health info sharing rules (42 CFR 2) (legislation needed)

Other Support Act Highlights

▶ Public health

- ▶ Pilot project for public health laboratories to detect fentanyl and other synthetic opioids
- ▶ Efforts to reduce illicit Fentanyl from entering the country by closing U.S. Postal Service loopholes, requiring foreign packages to reveal contents
- ▶ Connects treatment and education for Hepatitis C
- ▶ Requires Medicaid providers to check PDMPs prior to prescribing a controlled substance and encourages providers to integrate PDMP into workflow by October 1, 2021
- ▶ Pilot program to help individuals in recovery become stably housed

▶ Workforce

- ▶ Loan repayment for SUD treatment workforce in mental health professional shortage areas
- ▶ First responder training (increased to \$36 million annually)
- ▶ Demonstration project to increase substance use provider capacity under Medicaid
 - ▶ HHS Secretary would award grants totaling \$50 million to at least 10 states to assess current provider capacity, identify gaps in treatment, and develop strategies to increase capacity.

State Targeted Response to the Opioid Crisis

▶ \$11,790,256 per year for 2 years, 2017-2019 (\$23,580,512 total)

Prevention

1. Prescriber/provider education
2. University of Washington TelePain
3. Public education campaign
4. Safe storage curricula & training
5. Prevention workforce enhancements
6. Community Prevention and Wellness Initiative (CPWI) expansion
7. Analysis of evidence-based practices
8. Community enhancement grants

Treatment

1. Hub & Spoke
2. Mobile OTP van
3. Low-barrier buprenorphine pilot
4. PathFinder peer project
5. Tribal treatment
6. Treatment payment assistance
7. DOC treatment decision re-entry services & COORP
8. Bridge to Recovery (JRA)
9. Naloxone distribution
10. Prescription Monitoring Program

State Targeted Response Grant Highlights

- ▶ Starts with one statewide public education campaign implemented, including Tribal adaptation. Over 35,000 website views.
- ▶ 5 new Community Prevention Wellness Initiative communities. Over 3000 youth and families served.
- ▶ 6 Hub and spoke opioid treatment networks established. More than 3,200 new MAT patients served.
- ▶ Dept. of Corrections re-entry staff conduct opioid use disorder treatment decision making
- ▶ Substance Use Disorder Peers providing outreach to homeless encampments and hospital emergency rooms. 441 individuals enrolled, 125 received MAT services.

2018 State Budget Opioid Investments

- ▶ Over \$10 Million dedicated to implementing State Opioid Response Plan
- ▶ State funds
 - ▶ Scales Hub and spoke opioid treatment networks statewide
 - ▶ Expands Parent child assistance program (PCAP)
 - ▶ MAT prescriber rate increase
 - ▶ Substance use disorder peer recovery supports
- ▶ Directs use of federal substance abuse block grant
 - ▶ Community prevention and wellness communities
 - ▶ Drug take-back strategies
 - ▶ Naloxone
 - ▶ MAT provider directory and public education campaign
 - ▶ Tribal prevention, treatment, Naloxone

State Opioid Response Grant

▶ Up to \$21,260,403 per year for 2 years (\$45,520,806 total) (PENDING)



Prevention

- CPWI expansion
- Community enhancement grants
- Prescriber education trainings
- Opioid summit
- Starts with One
- Naloxone distribution program



Treatment

- Opiate Treatment Network (OTN)
- OTN TA/Training
- MAT treatment assistance
- Tobacco cessation and cross-addiction training
- Tribal prevention and treatment grants to 14 tribes
- TDM and COORP



Recovery Support

- OUD and MAT training to community recovery support services
- Client-directed recovery support services
- Peer recovery support staff

Other Notable Work

- ▶ Leg-funded recovery helpline improvements track MAT provider capacity
 - ▶ Real time with 2-1-1 system (operational ~December 2018)*
- ▶ Statewide multi-media campaign to promote helpline (Jan. 2019)
- ▶ Grant program for Tribal-specific strategies to treatment and prevention
- ▶ Drug take-back program public messaging and supports
- ▶ Youth drug prevention funding in schools/high need areas
- ▶ Substance use disorder peer support counseling and recovery services
- ▶ Statewide electronic emergency (EMS) data system to report overdoses and near overdoses, and to connect with peer recovery
- ▶ Prescription Monitoring Program improvements to integrate with electronic health systems and provider feedback reports
- ▶ County pilot program for substance use disorder diversion from the criminal justice system

*FYI: For help with addiction, contact the Washington Recovery Helpline at 1-866-789-1511 or visit <https://www.warecoveryhelpline.org/>

Reconsider 2018 Legislation (HB 2489/SB 6150)

(Passed House unanimously but ran out of time in Senate)

Consider investments for serious gaps – treatment for pregnant and parenting women and justice-involved
Other items: non-pharm Medicaid services, PMP integration, and connections w/community behavioral health system

▶ Takes next steps for prevention and recovery

- ▶ Concentrates youth prevention in high-needs areas
- ▶ Requires patient notification of opioid prescriptions (now in new proposed rules)
- ▶ Uses EMS near-overdose response; connects with peer supports
- ▶ Ensures more access to Naloxone with statewide standing order
- ▶ Develops rapid-response team for areas experiencing overdoses
- ▶ Requires drug and gang task force coordination
- ▶ Plans for better use of non-pharmacological treatment for pain

▶ Focuses on treatment for people with opioid use disorder

- ▶ Sets up statewide community hub & spoke opioid treatment networks
- ▶ Increases Medicaid rate (to Medicare level) paid to providers to treat people
- ▶ Updates clinical terminology in statute, removes stigma
- ▶ Requires state Medicaid waiver for treatment while people are incarcerated
- ▶ Funds services for people while incarcerated to reduce recidivism

▶ Requires metrics, reporting

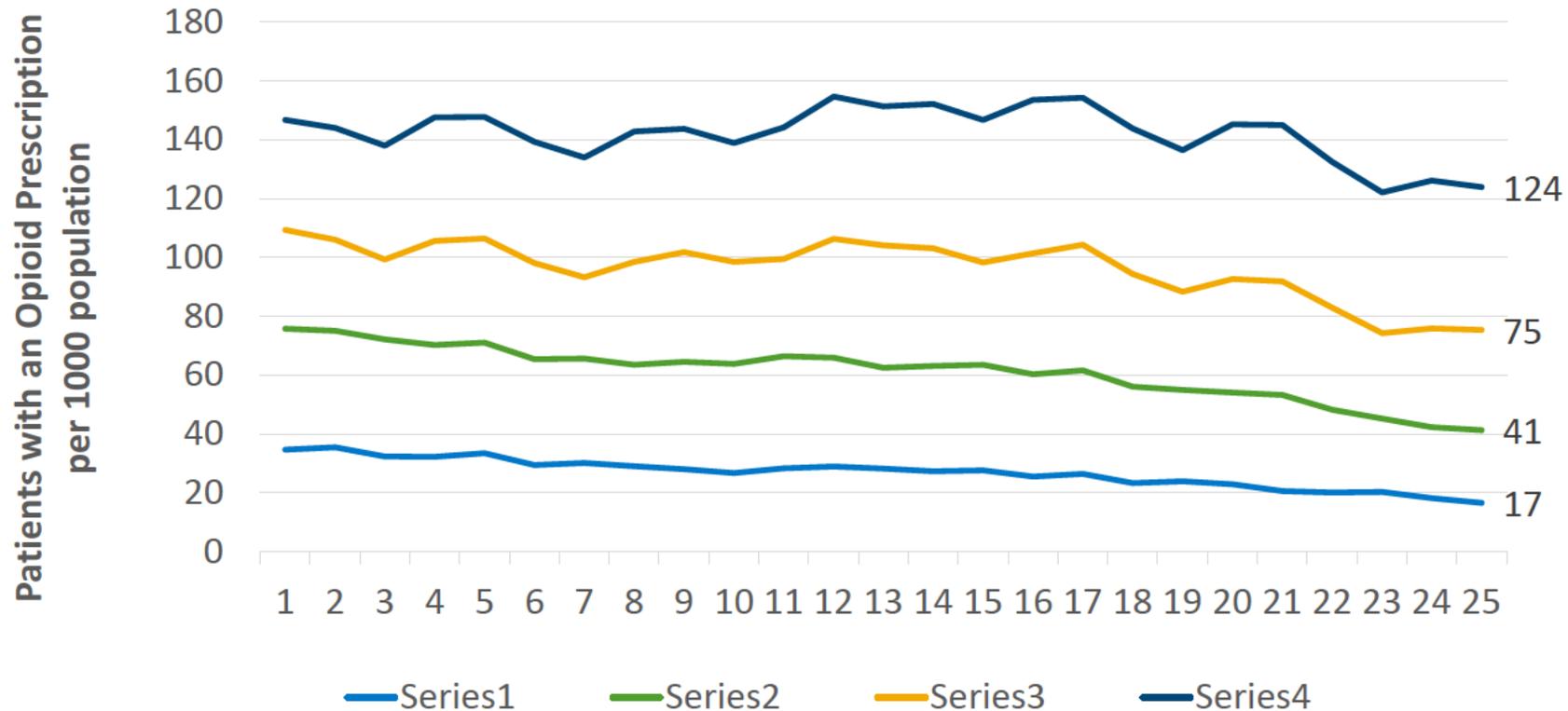
Kathy Lofy

Department of Health

Engrossed Substitute House Bill 1427 (2017)

- Opioid prescribing rules
 - Cover prescription limits for acute pain, PMP checks, and threshold for consultation
 - Nursing Commission, Osteopathic Board and Podiatric Medical Board rules effective November 1, 2018
 - Medical Commission rules will be effective January 1, 2019
 - Dental Commission meeting in December to further discuss rules
- Recently sent prescribing feedback reports to “outliers”
- Working with WSMA and WSHA to begin disseminating prescribing feedback reports to chief medical officers
- Piloting prescriber overdose notifications using Emergency Department Information Exchange and Prescription Monitoring Program

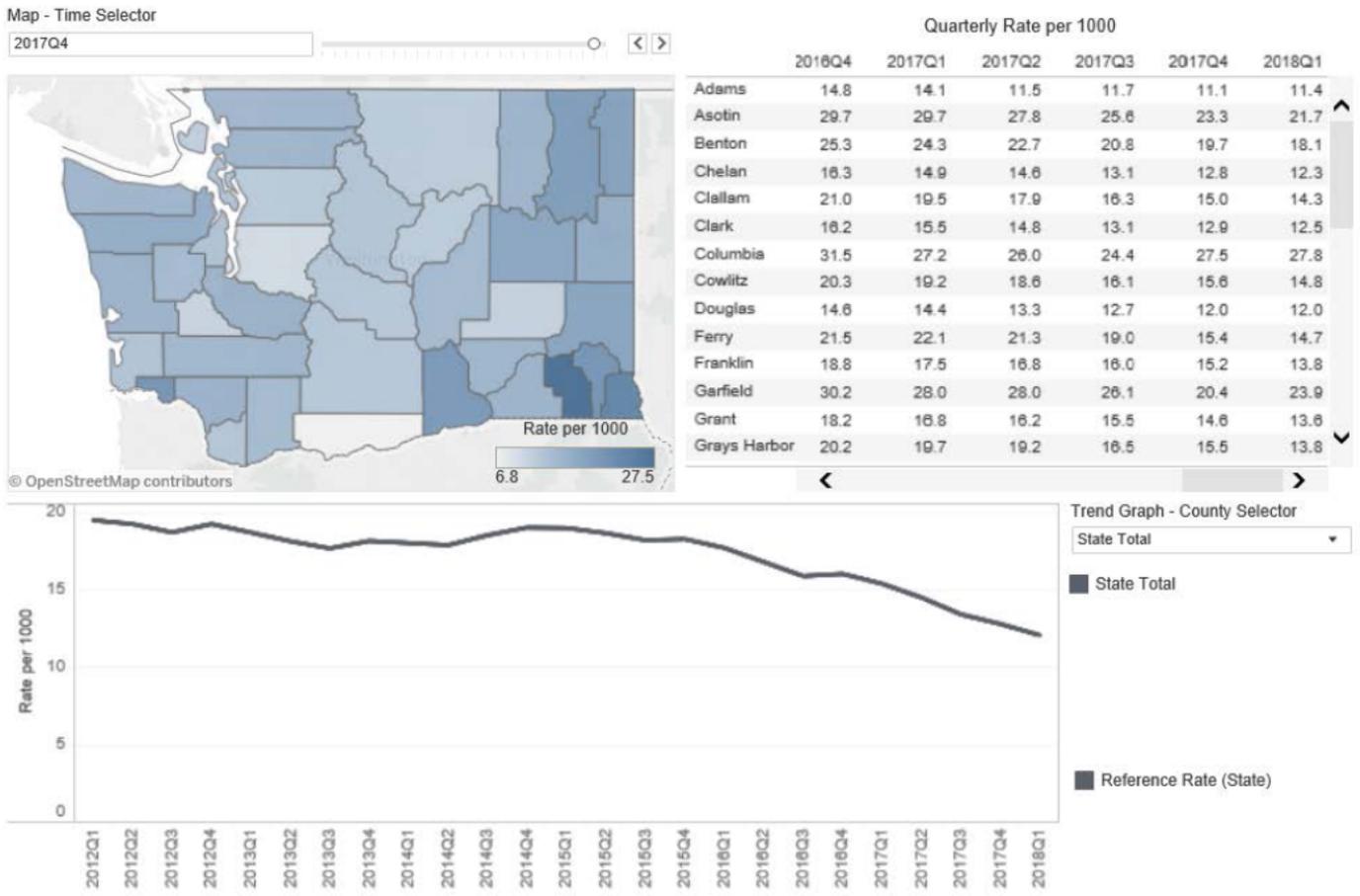
Fewer People are Receiving Opioid Prescriptions



Source: Prescription Monitoring Program (<https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization>)

Note: Tramadol became a controlled substance in August 2014.

Patients with Concurrent Opioid and Sedative Prescriptions

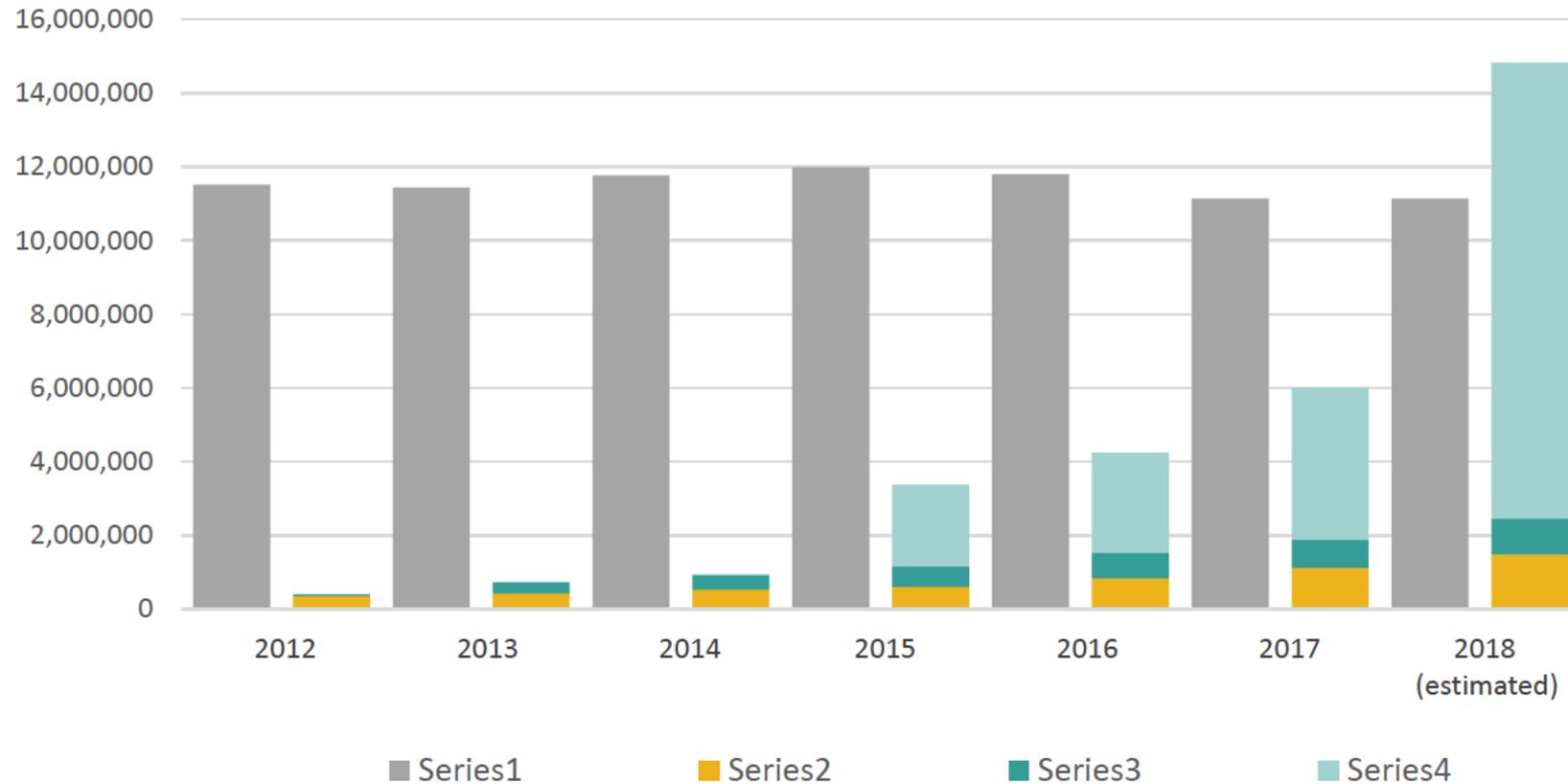


Source: Prescription Monitoring Program (<https://www.doh.wa.gov/DataandStatisticalReports/HealthDataVisualization>)

Note: Age-and sex-adjusted rate per 1000 population who receive one or more days of overlapping opioid and sedative prescriptions in a quarter

Prescription Monitoring Program Queries Are Increasing

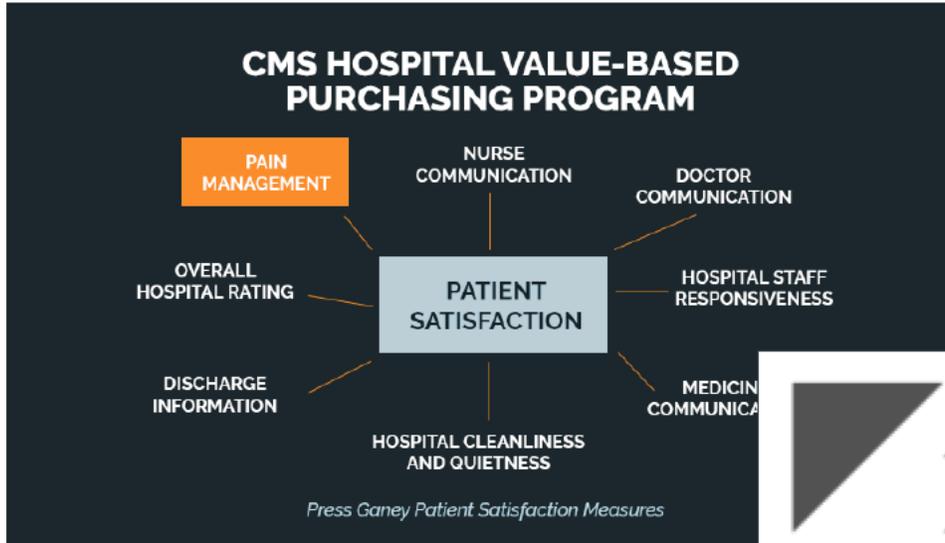
PMP Queries and Controlled Substance Prescriptions by Calendar Year



Nathan Schlicher

Washington State Medical Association

Shared problem of pain



The Joint Commission
The Source

Joint Commission Compliance Strategies November 2011 Volume 9 Issue 11

The Fifth "Vital Sign"
Complying with Pain Management Standard PC.01.02.07

Pain is an invisible part of health care. Some patients arrive at an organization in pain, while others may experience pain during care, treatment, or services—such as patients undergoing surgery. Regardless of how his or her pain manifests, every patient hopes his or her health care responder will include interventions that will eliminate or reduce pain.

Unlike other physical indicators like blood pressure and temperature, pain cannot be quantitatively measured. The duration and intensity of pain vary from person to person. Therefore, organizations must have effective and interactive pain assessment and reassessment processes that help identify pain, point to effective treatment, and verify that implement-

The Seattle Times
December 11, 2011
EXHIBIT 1

METHADONE and the politics of pain | A SEATTLE TIMES SPECIAL REPORT

State pushes drug that saves money, costs lives

MIKE SEGEL / THE SEATTLE TIMES

Ma Taylor, mother of former King County 911 dispatcher Angeline Burrell, describes daughter's battle with excruciating chronic pain. In early 2008, Burrell's methadone dose was doubled. She died two days later. At left is Taylor's husband, Dale.

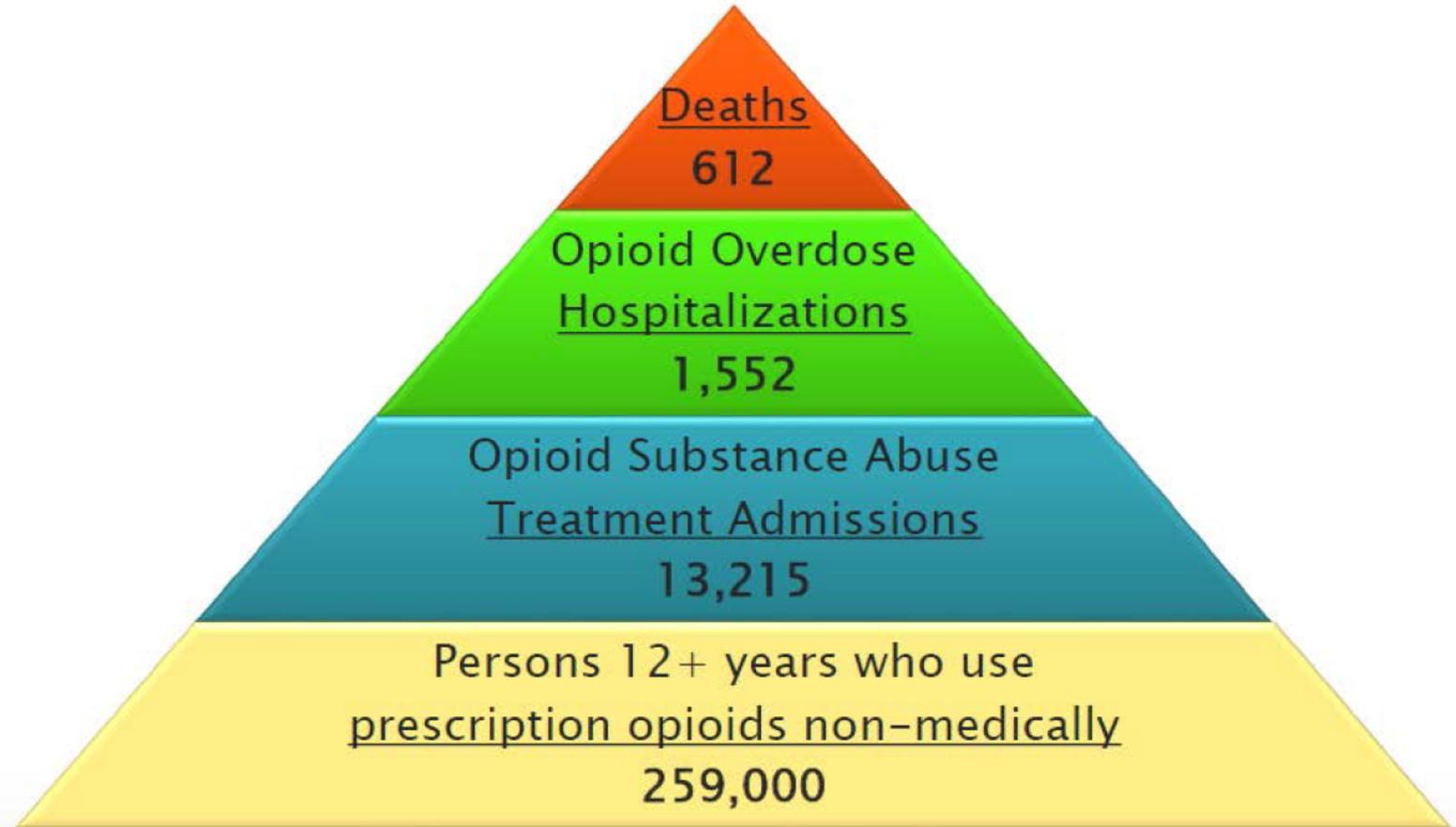
Part of three parts

MICHAEL J. BERENS
KEN ARMSTRONG
Seattle Times staff reporters

Map the deaths and you see the story. Assign a dot to each person who has died in Washington by intentionally overdosing on methadone, a commonly prescribed drug to treat chronic pain. Since 2003, there are 2,173 of these dots. That alone is striking, a graphic illustration of an ongoing epidemic. But it's the clusters that pop out — the concentration of dots in places with lower incomes. Everett, whose residents earn less than the state average, has 99 dots. Bellevue, with more people and more money, has eight. Working-class Port Angeles has 40 dots. Mercer Island, upscale and more

seattletimes.com/methadone

Opioid-related Disease Burden in WA



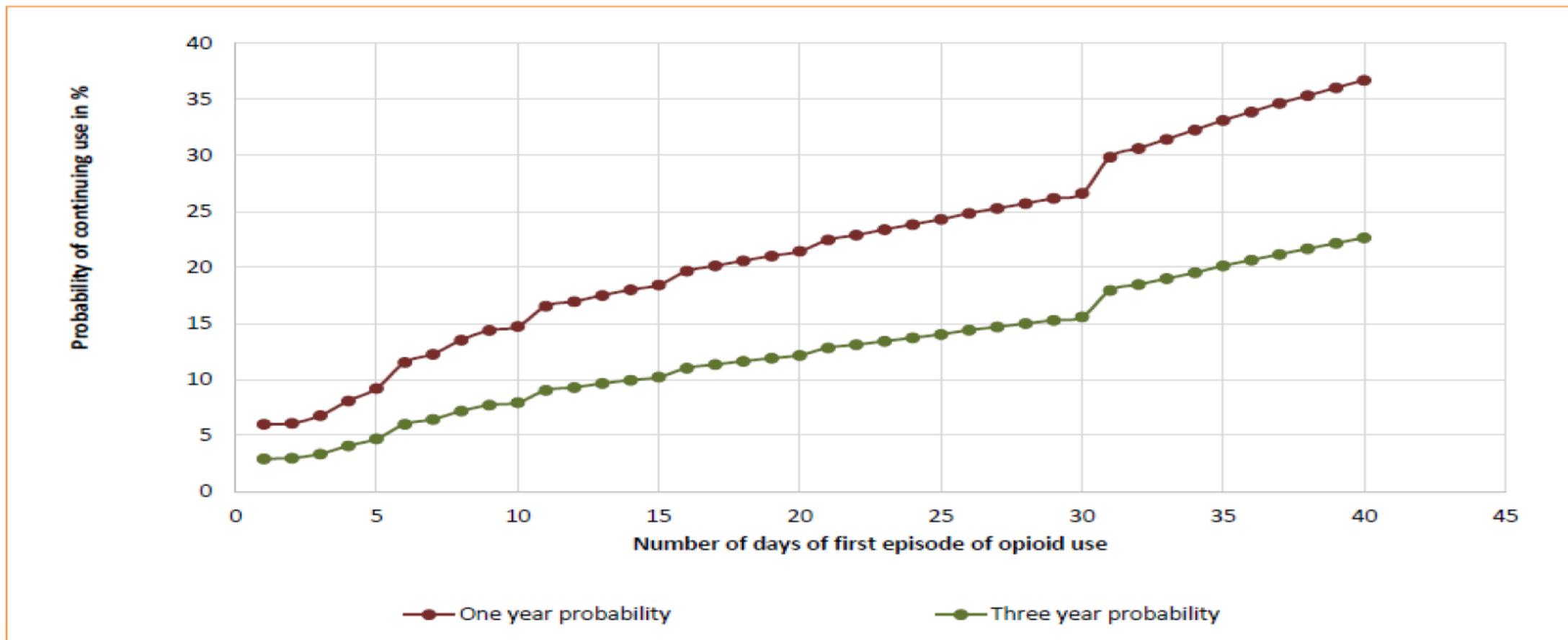
1. Opioids involved in an unintentional overdose death listed as underlying cause of death. Washington State death certificate data, 2014.
2. Washington Hospital Discharge Data, Comprehensive Hospitalization Abstract Reporting System (CHARS) and Oregon State Hospital Discharge Data, 2014.
3. Treatment and Assessment Report Generation Tool, 2014
4. National Survey on Drug Use and Health, 2013-2014

Variations in prescribing practices exist

Table 6: Number of pills by specialty, youth age 14–19: Means, medians, and selected quantiles of the number of tablets dispensed per prescription to children age 14–19 with acute opioid prescriptions between July 1 and December 31, 2015 ($N = 33,835$).

Provider specialty	N	mean	median	75th %tile	90th %tile	99th %tile
State Total	33,835	23.7	20.0	30.0	36.0	80.0
Dentist	13,345	22.3	20.0	30.0	30.0	40.0
Emergency Medicine	2,560	15.2	15.0	20.0	20.0	30.4
Family Medicine	1,295	20.6	20.0	25.0	30.0	60.9
Obstetrics & Gynecology	593	27.7	30.0	30.0	40.0	80.8
Oral & Maxillofacial Surgery	946	24.4	20.0	30.0	30.0	50.0
Orthopaedic Surgery	931	48.9	40.0	60.0	80.0	130.0
Otolaryngology	538	39.5	30.0	50.0	70.0	90.0
Pediatrics	475	18.9	16.0	24.0	30.0	60.0
Podiatrist	354	30.4	30.0	40.0	60.0	81.9
Student	385	22.7	20.0	20.0	40.0	90.0
Surgery	683	33.0	30.0	40.0	50.0	80.0
other	839	28.0	22.0	30.0	50.0	100.0
unknown	10,891	23.6	20.0	30.0	40.0	90.0

Acute Opioid Prescriptions: Continued Use by Initial Days of Therapy



WSMA/WSHA's Role in Addressing the Opioid Crisis

- **WSMA/WSHA Opioid Taskforce – advanced legislation and developed multiple initiatives in collaboration with DOH and HCA**
 - New prescribing guidelines
 - Feedback reports – start with Medicaid, state-wide in 2019
 - Increased access to MAT and Naloxone
 - Partnering with ACHs
- **Collaborative efforts built off the successful ER for Emergency program**

NEW HCA Prescribing Policy

- **New opioid prescribing policies**
- **Exemption criteria**
- **Leveraging data/ feedback reports**

Acute Use

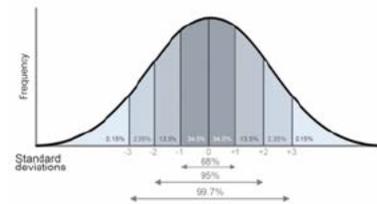
- Only short-acting opioids will be approved for acute use unless an exemption is requested.
- Limits apply as follows (unless an exemption is requested):
 - Children (under 21) are limited to 18 doses (pill or liquid) (about a 3 day supply)
 - Adults (21 and over) are limited to 42 doses (pill or liquid) (about a 7 day supply)

BETTER
PRESCRIBING



BETTER
TREATMENT

Washington Opioid Reports



- Providers respond to feedback and adjust behavior when confronted with valid evidence
- Reports distributed on quarterly basis
- Provider led program proving successful

18 pills

< 20 years old

42 pills

> 20 years old

WSMA

Washington Opioid Reports

- Look at percentage of non-compliant scripts
- Adjust prescriptions to comply with the guidelines

Pediatrics			Adult			All Scripts		
Average	9.1%		Average	45.7%		Average	49.3%	
STDev	30.2%		STDev	38.8%		STDev	35.8%	
Low 1SD	-21.1%		Low 1SD	7.0%		Low 1SD	13.5%	
High 1SD	39.2%		High 1SD	84.5%		High 1SD	85.1%	
Pediatric Noncompliant Scripts	Total Pediatric Narcotic Scripts	Pediatric Noncompliant Percentage	Adult Noncompliant Scripts	Total Adult Narcotic Scripts	Adult Noncompliant Percentage	Total Noncompliant Scripts	Total Narcotic Scripts	Total Noncompliant Percentage
2	2	100.0%	55	80	68.8%	57	82	69.5%
		0%	20	21	95%	20	21	95%
		0%	6	7	86%	6	7	86%
		0%	6	7	86%	6	7	86%
		0%	4	6	67%	4	6	67%
		0%	10	16	63%	10	16	63%
		0%	5	8	63%	5	8	63%
		0%	4	9	44%	4	9	44%
2	2	100%		3	0%	2	5	40%
		0%		1	0%	0	1	0%
		0%		1	0%	0	1	0%
		0%		1	0%	0	1	0%

Dear Provider:

On behalf of the Washington State Medical Association and Washington State Hospital Association Joint Taskforce on Opioids, thank you for your continued participation in Washington Opioid Reports; a public-private partnership working to reduce the utilization of controlled substances and encourage safe prescribing habits. I want to take a moment to congratulate you on your quality performance!



You have **outperformed** (1 Standard Deviation better than the average) colleagues in your specialty on the specific metric of **compliance rate** with the HCA's acute pain [prescribing policy](#) (in summary maximum 18 doses for under 20 years old, 42 doses for adults). We appreciate your work to prescribe within the guidelines and ensure that we are not overprescribing addictive medications in our community. The variance report is attached here if you wish to review where you perform in comparison to others in your specialty on this metric.

If you have additional questions or concerns about the program, please feel free to avail yourself of the resources at the joint taskforce [webpage](#). Additional questions or concerns can be addressed to [myself](#) or our [administrative leader](#). Thank you again for your leadership on this important issue.

Best,

Status

27 Participating systems

- Cascade Medical Center
- CHC Snohomish County
- CHI Franciscan Health
- Confluence
- Evergreen Health Monroe
- Grays Harbor Community Hospital
- Jefferson Healthcare
- Kadlec Regional Medical Center
- Klickitat Valley Health Family Medicine
- Legacy Salmon Creek
- Mason General Hospital
- MultiCare
- North Olympic Healthcare Network
- Northshore Medical Group
- Olympic Medical Center
- Overlake Medical Center
- Peace Health
- Providence (partial)
- Rockwood Clinic (MultiCare)
- Seamar
- Snoqualmie Valley Hospital
- Swedish Medical Group
- The Everett Clinic
- Trios Health
- UW Medical Center
- UW Valley Medical
- Virginia Mason Memorial



Big numbers!

- Reduction in Noncompliant Scripts

↓ 67.2%

- Reduction in Total Scripts

↓ 29.8%

What is driving change?

- Community effort
- Empowers providers to be part of the solution
- We handle all administrative burden

Best leaders lift people up rather than tear them down



Our Next Steps

- Continue to onboard medical groups and systems
- Add metrics on MED and co-prescribing
- Work with ACHs to integrate in required opioid response
- Integrate Prescription Drug Monitoring Program data

Where the Legislature Can Help

Prescribing

- Support Better Prescribing, Better Treatment
- PMP EHRs Integration (e.g. Oregon)
- Expand non-opioid treatment options

Treatment

- Reduce MAT/Naloxone Barriers
- Build treatment capacity

Thank you!



Questions?

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